

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15729

State File No.

FILED MAY 26 1955

BIRTH NO.		REG. DIST. NO. <u>154</u>		PRIMARY REG. DIST. NO. <u>5575</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY OR TOWN <u>Rural Washington</u> c. LENGTH OF STAY (in this place) <u>Life</u>				c. CITY OR TOWN <u>Grandview</u> d. Is Residence within limits of a city or incorporated town? <u>No</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. # 1-Arrington Rd.</u>				STREET ADDRESS (If rural, give location) <u>Rt. # 1 - Arrington Rd. 900y</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>GEORGE</u>		b. (Middle) <u>H.</u>		c. (Last) <u>MORGAN</u>	
4. DATE OF DEATH		(Month) <u>5</u>		(Day) <u>15</u>		(Year) <u>55</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 1, 1882</u>	
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>0</u>		IF UNDER 1 YEAR Days <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired PAMBER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Plumbing Business</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Liberty, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Edw. Morgan</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Enochs</u>		14. NAME OF HUSBAND OR WIFE <u>Mary T. Morgan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-01-9903</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary T. Morgan</u> ADDRESS <u>Rt. # 1-Arrington Rd. Grandview, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u> <u>14 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb.</u> , 19 <u>54</u> , to <u>May 15</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>May 15</u> , 19 <u>55</u> , and that death occurred at <u>10:25 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>William L. Boone MD</u>		23b. ADDRESS <u>Grandview Mo.</u>		23c. DATE SIGNED <u>5-17-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5/20/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. John's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lenexa, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>5/18/55</u>		REGISTRAR'S SIGNATURE <u>Derling Roddard</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mellody-McGilley-Eylar-Kansas City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 49

P. O. Address KC 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.